2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90009 004 ****70.00

DOCUMENT # N04792

1. Entity Name
HANLEY-HAZELDEN CENTER, INC.

54061123

Principal Place of Business	Mailing Address
5200 EAST AVENUE WEST PALM BEACH, FL 33407	5200 EAST AVENUE WEST PALM BEACH, FL 33407

07012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2500657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, TERRY 5200 EAST AVENUE WEST PALM BEACH, FL 33407	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD	☑ Delete	TITLE	VCD	☑ Change ☐ Addition
NAME	CHESTER, DON		NAME	Michael Carp	
STREET ADDRESS	901 45TH ST.		STREET ADDRESS	1495 Forest Hill Blvd., Suite A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEHMAN, TERRY		NAME		
STREET ADDRESS	5200 EAST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RANUM, MICHAEL		NAME		
STREET ADDRESS	15245 PLEASANT VALLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	CENTER CITY, MN 55012		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HANLEY, MICHAEL J		NAME		
STREET ADDRESS	1360 PEACHTREE STREET		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30309		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BREYER, ELEEN		NAME		
STREET ADDRESS	15245 PLEASANT VALLEY RD		STREET ADDRESS		
CITY-ST-ZIP	CENTER CITY, MN 55045		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLEN, TERRY		NAME		
STREET ADDRESS	5200 EAST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Terry Allen, VP 7/6/04 561-841-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #